

# **De-mystifying Treatment Foster Care (TFC): *Understanding the New TFC Guidelines***

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# New TFC Guidelines

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- **DEFINES TREATMENT FOSTER CARE**
- **IDENTIFIES SERVICE NEEDS CRITERIA**
- **IDENTIFIES PLACEMENT OUTCOME GOALS**
- **PROVIDES GUIDANCE ON UNIFORM CONTRACTING**
- **GIVES RECOMMENDATIONS TO ONGOING ISSUES**



# Why TFC Guidelines?

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**BECAUSE THE 2011 GENERAL ASSEMBLY  
REQUIRED IT !**

The State Executive Council and the Office of Comprehensive Services collected a group of stakeholders to accomplish it.

# Common Goal: Children & Families

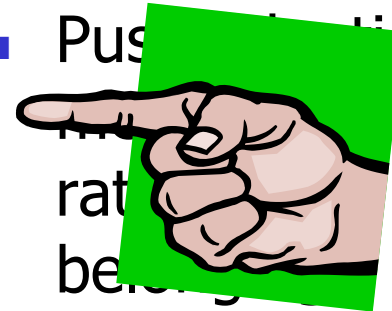
## Private

- Do it for the \$\$
- Do not want kids to get adopted
- Take the



## Public

- Judge caregivers: adoption & FC should be for love, not money
- Push attention to
- rat
- ben
- TFC parents should walk on water





# Common Language

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**TFC =**

**TREATMENT FOSTER CARE**



# Treatment Foster Care ...

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- A community-based program where services are designed to address the special needs of children.
- Delivered primarily by foster parents who are trained, supervised, and supported by agency staff.
- Primarily foster family based and is planned and delivered by a treatment team.
- Continuity of services, is goal-directed and results oriented, and emphasizes permanency planning for the child in care.

# NEEDS vs. RESOURCES



# Service Needs Criteria

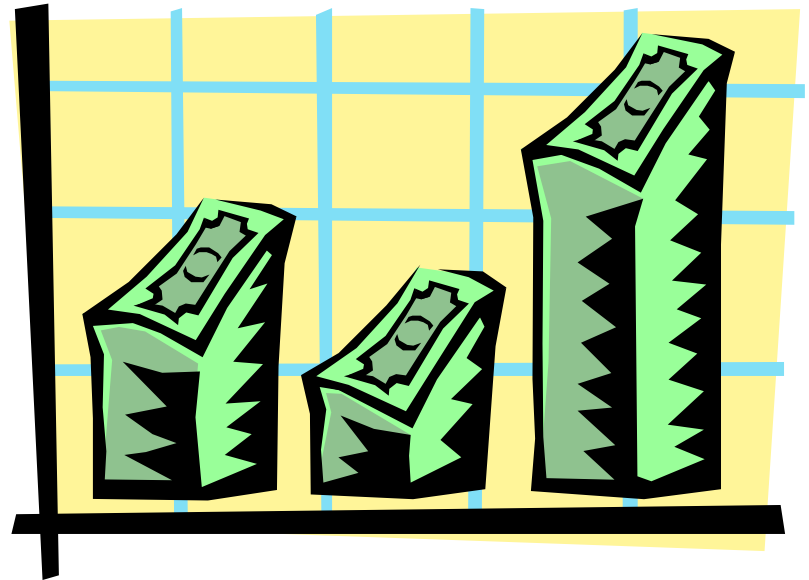


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- CANS indicators (emotional/behavioral needs, risk behaviors, etc.)
- VEMAT indicators for a high level of daily supervision
- FAPT/MDT approved and included in the IFSP
- *NOTE: When placing sibling groups, levels of service must be matched to the individual needs of each individual child.*



# RESULTS ??





# TFC Goals = DSS Goals

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## **STEP-DOWN IN INTENSITY OF SERVICES**

- **IMPROVED CANS FUNCTIONING**
- **YOUTH IS SUCCESSFULLY DISCHARGED FROM TREATMENT FOSTER CARE (*E.G., RETURN TO FAMILY, ADOPTION, COLLEGE, ETC.*)**
- **POSITIVE SATISFACTION SURVEY RESPONSES ABOUT SERVICES**
- **STABILITY IN PLACEMENT (*MEASURED BY NUMBER OF HOMES/FAMILIES WITH WHOM CHILD RESIDES WHILE IN TFC*)**
- **LENGTH OF STAY IS NO LONGER THAN TFC SERVICES ARE NEEDED**



# Uniform Contracting

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All Parties agree to :

- Child's Permanency Goal
- Individualized treatment
- Clearly defined and appropriate TFC levels of care
- Family Engagement activities
- No duplication of Medicaid payments



# Case Scenario- Sibling Group

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- Four sibling group- Ages 6, 7,9,11 Emergency removal order on all four children for sexual abuse by a family member- priority to place all four children together.
- All four were initially placed in one TFC Home
- As of today- all 4 in different homes



# Oldest -11 year old

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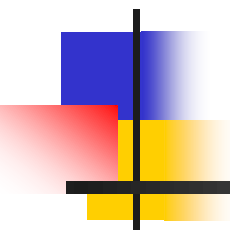
- Placed at highest TFC level
  - VEMAT: 12
  - CANS: Many strengths identified, No issues with school, most needs with Primary Caregivers
  - Child rated 3 on impulsivity no 2/3 on Risks Behaviors
- Removed from TFC home after 6 months- for sexually molesting sibling, destruction of property, fondling a classmate, suspension, suicide ideations, nightmares, high anxiety with family visits. Attends weekly therapy
- At 10 months- new TFC home has increased concerns with mental /emotional health. Monthly medication management, reports of mood swings, high anxiety, sleep disturbance, & issues with peers
- REVIEW: Remained on TFC level 4- highest
  - VEMAT 20
  - CANS: 2=sleep, social functioning, school achievement, impulsivity, depression, anxiety, adjustment to trauma, no 3s



# Second Oldest- 9 year old

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- Placed at second highest TFC level
  - VEMAT: 12
  - CANS: Many strengths identified, No 2s or 3s needs identified for child, most needs with Primary Caregivers
- Removed from TFC Home after 6 months- for aggression, stealing, food hoarding, urination around house and sexually reactive behaviors. Placed in a new TFC home- therapy increased to twice weekly; supervised visitations with siblings. Attends weekly therapy
- At 10 months- new TFC Home, shows good adjustment, engaged in peer group and church activities. Issues are more with emotions (flat affect, depression, lack of motivation, sleep disturbance)
- REVIEW: Moved down TFC level / 2 out of 4
  - VEMAT 12
  - CANS: Multiple strengths identified
  - Scored 2= school achievement, depression, sexually reactive behaviors, sexual abuse, no 3s



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